

NAME: Case Management Initial Contact Log (Policy Section 501.5.2, 501.6, 501.7)

PURPOSE: To assist the Case Manager tracking the member enrollment process

- *Once the applicant is determined medically eligible and a slot is available, a notice of approved medical eligibility, a Service Delivery Model Selection Form, and a Freedom of Choice Case Management and Personal Assistance/Homemaker Selection Form is sent to the applicant. APS Healthcare/IRG will notify both of the agencies selected, and provide them with a copy of the Pre Admission Screening (PAS). The Case Manager must begin using the “Initial Contact Log” at this point. To begin:*
- Enter the following information at the top of the form. Applicants:
 - Last Name.
 - First name.
 - Middle Initial (MI).
 - Address.
 - Date of Birth.
- Complete the “**Applicant**” section of the form by documenting:
 - Name of the Case Management Agency.
 - Case Management agency address, phone and fax number.
 - The date the Case Management agency received the notification letter from APS Healthcare/IRG of selection.
 - The date the Case Manager made initial contact with the applicant. This contact is required within 3 business days.
 - Check how the initial contact was made face to face or by telephone. (**check one ONLY**)
 - The Case Manager who made initial contact with the applicant must sign, date and note the time the contact was made.
 - Enter the date financial eligibility application was initiated. The applicant must make financial application within 60 calendar days from the date the case management agency receives the notification of selection letter or BoSS will close the referral.
 - Note any comments in the comments section.

- Complete the “**Enrollment**” section of the form by documenting:
 - The member enrollment date. This date is found on the fax confirmation notice.
 - The Case Managers scheduled home visit date which must occur within 7 calendar days to complete Section I of the Member Assessment.
 - If the Case Manager determines the member needs services immediately he/she can implement the Interim Service Plan. Mark yes or no regarding an Interim Service Plan.
 - Note any comments in the comments section.
 - The Case Manager must sign, date and time this section of the form.
 - **Note:** The Case Manager must schedule the Service Plan meeting within 7 calendar days of the Case Management Member Assessment.

- “**Seven (7)**” Day Contact (*via phone or face to face*):
 - Document the date direct care services begun.
 - Document the date of the Case Managers follow up contact.
 - Note any comments in the comments section.
 - The Case Manager must sign, date and time this section of the form.